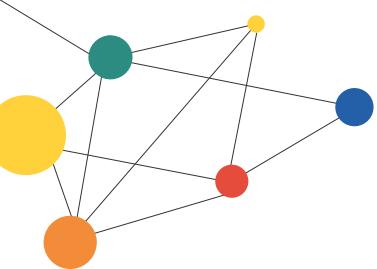




Africa Regional Advocacy Strategy on Immunization

2025 - 2030

Driving Joint Advocacy Action to Accelerate
Immunization Equity in Africa



Acknowledgement Statement

Developed through a collaborative process facilitated by PATH, and co-created with the African Union, Africa CDC, WHO, UNICEF, Gavi, Gavi CSO Constituency, and EPI leaders from 14 African countries, this strategy unites institutions and communities under a shared vision for immunization in Africa.

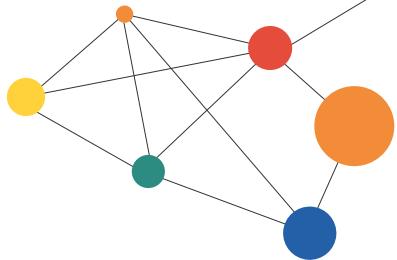
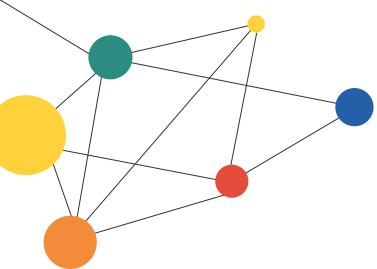


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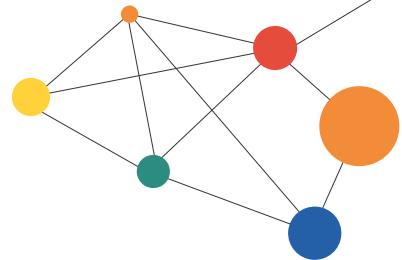
Acknowledgements

This Africa Regional Advocacy Strategy on Immunization 2025–2030 is the product of collaborative efforts by a wide range of partners, advocates, and experts committed to advancing immunization across the African continent. We extend our sincere appreciation to the African Union Commission, Africa Centres for Disease Control and Prevention, World Health Organization, United Nations Children’s Fund (UNICEF), Gavi, the Vaccine Alliance, ministries of health, and civil society organizations for their technical guidance, thought partnership, and unwavering commitment throughout the development process. Special thanks to the Expanded Program on Immunization (EPI) focal points and national representatives from the 14 participating countries that provided critical insights and helped shape the priorities outlined in this strategy.ⁱ

We also acknowledge with gratitude the contributions of participants at the Regional Immunization Advocacy Workshop held in Addis Ababa in October 2024. These include representatives from the following partners: Africa Centres for Disease Control and Prevention; Clinton Health Access Initiative; COMARESS (Coalition Malagasy pour le Renforcement du Système de Santé, or Malagasy Coalition for the Strengthening of the Health System); Cooperative for Assistance and Relief Everywhere (CARE); Gavi CSO Constituency; International Federation of Red Cross and Red Crescent Societies; International Rescue Committee; John Snow, Inc.; Parliament of Zimbabwe; Population and Development Africa Regional Office; South Sudan, Uganda, Malawi, and Ethiopia ministries of health; Value Health Africa; WACI Health and the World Health Organization. Their expertise, experience, and commitment to equitable immunization outcomes laid the foundation for this strategy.

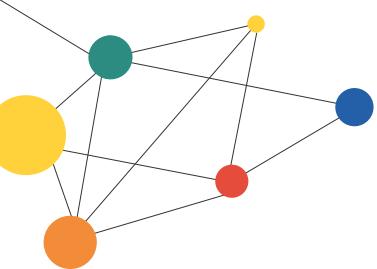
We look forward to continued collaboration as we move from strategy to impact.

ⁱ Cameroon, Democratic Republic of the Congo (virtual), Ethiopia, Kenya, Madagascar, Malawi, Nigeria (virtual), South Africa, South Sudan, Togo, Uganda, United States, Zambia, Zimbabwe



List of Abbreviations

ADI	Addis Declaration on Immunization
AHAIC	Africa Health Agenda International Conference
AMA	African Medicines Agency
AU	African Union
AVMA	African Vaccine Manufacturing Accelerator
CDC	Centres for Disease Control and Prevention
COVID-19	coronavirus disease 2019
CPHIA	Conference on Public Health in Africa
EPI	Expanded Program on Immunization
CSO	civil society organization
IA2030	Immunization Agenda 2030
IDA	International Development Association
MOH	ministry of health
NEAPACOH	Network of African Parliamentary Committees of Health
ODA	official development assistance
PHC	primary health care
REC	Regional Economic Communities
TWG	technical working group
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WHA	World Health Assembly



Global Immunization Landscape

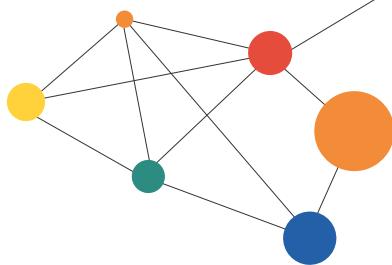
Immunization is one of the most successful public health interventions, saving millions of lives every year. Globally, the vaccines we have prevent more than 20 life-threatening diseases and help people of all ages live longer, healthier lives. Immunization is the foundation of the primary health care (PHC) system, an indisputable human right, and one of the best health investments.

Established in 2000, Gavi, the Vaccine Alliance, along with its global partners, has helped vaccinate over 1 billion children in 78 lower-income countries, preventing more than 18.8 million future deaths. In June 2024 Gavi launched “Gavi 6.0,” its ambitious phase 6 strategy (2026–2030) aimed at saving lives and protecting health through more equitable and sustainable use of vaccines. Building on previous successes, Gavi 6.0 envisions vaccinating an additional 500 million children by 2030, with a strong focus on equity, country ownership, and sustainability. Complementing this vision, in 2020 the World Health Assembly (WHA) endorsed the Immunization Agenda 2030 (IA2030), a global framework to prevent disease, promote equity, and build strong immunization programs, saving millions more lives by 2030. In the same spirit of health equity, the WHA also adopted WHA77 on Maternal, Newborn, and Child Health, a resolution that reaffirms the need for integrated, people-centered approaches to protect the health and rights of women, children, and adolescents worldwide.

Despite strong global commitments, the IA2030 Global Progress Report 2024 shows that global immunization efforts are still falling short of the IA2030 targets. In 2023, an estimated 4.2 million deaths were averted through vaccination against 14 diseases, which is below the IA2030 milestone of nearly 4.6 million deaths averted. While some countries have made notable progress in restoring immunization coverage to pre-pandemic levels, global vaccine coverage has largely plateaued, and progress remains uneven. Outbreaks of vaccine-preventable diseases continue to rise, particularly in countries with fragile health systems or those affected by conflict.

The abrupt decline in official development assistance (ODA) for immunization poses a grave threat to hard-won progress. For many low- and middle-income countries, ODA is not just supplementary—it is the backbone of immunization systems, financing everything from vaccine procurement and cold chain infrastructure to the outreach teams that serve remote, fragile, and conflict-affected communities. Without urgent renewal of both financial and political commitment, particularly to reach zero-dose children (i.e., those who have not received a single dose of a routine vaccine) and under-immunized children (i.e., those who start but do not complete their vaccination schedule), the world will fall short of IA2030 targets, risking a reversal of decades of gains in child survival and global health equity.





Africa's Immunization Landscape: Gains, Gaps, and Emerging Threats

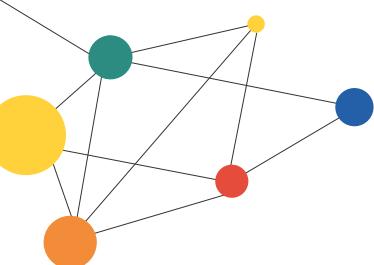
Africa has registered tremendous progress in its immunization coverage over the past 20 years; however, each year approximately 20 million infants do not receive the full course of the basic vaccines, with at least 14.3 million not receiving any vaccines at all. Despite significant progress, the continent continues to face substantial challenges, including inadequate vaccine coverage, multiple logistical barriers, and regional disparities in immunization services. Although improvements have been reported for some of the IA2030 Framework for Action indicators, others are lagging. In the African region, except for wild poliovirus, there is an upward trend in the number of large or disruptive outbreaks of vaccine-preventable diseases, including cholera, measles, meningococcal disease, and circulating vaccine-derived poliovirus. Multiple outbreaks, including of non-vaccine-preventable diseases, have a disruptive impact on the health system, resulting in the erosion of gains in the health sector. Many African countries continue to struggle to reach zero-dose and under-immunized children.

According to the 2024 WHO and UNICEF estimates of national immunization coverage data, the number of zero-dose children in Africa rose to 8.2 million in

2023, up from 7.7 million in 2022, 7.6 million in 2021, and 6.2 million in 2019, just before the COVID-19 pandemic. This marks a 32% increase since the pre-pandemic period and reflects a troubling reversal in decades of progress in improving child survival and public health across the continent. The pandemic caused unprecedented disruption to essential health services, with routine immunization among the hardest hit. At the peak of the pandemic in 2020, more than 80 million children globally missed critical vaccinations, with sub-Saharan Africa bearing a disproportionate share of this burden. Despite heroic efforts by health workers to keep immunization programs running, widespread lockdowns, health worker shortages, disruptions in vaccine supply chains, and public fear of visiting health facilities all contributed to a massive immunization backslide. Children in remote, conflict-affected, and marginalized communities were the most affected, cut off from services and increasingly vulnerable to outbreaks of measles, polio, yellow fever, and other vaccine-preventable diseases. The rise in zero-dose children is not just a setback; it is a clear signal that urgent action is needed to rebuild immunization systems to make them more resilient, prioritize equity, and reach those consistently left behind.

The lingering effects of the pandemic continue to exacerbate challenges attributed to a combination of structural, financial, geographic, and social factors, including:

- **Weak health systems and workforce shortages:** Many countries have under-equipped health facilities, insufficient infrastructure, a shortage of trained personnel, weak cold chain systems, and unreliable supply chains, particularly in rural, remote, or conflict-affected areas.
- **Inadequate and unsustainable domestic financing:** Immunization programs are heavily reliant on external donors. Declining ODA and economic strain have deepened the funding gap, leaving national budgets insufficient to meet immunization needs.



- **Overreliance on external suppliers for vaccines, medicines, and health products:** More than 99% of vaccines used in Africa are imported, leading to delayed access, higher costs, and inequities in distribution—particularly in emergencies—underscoring the urgent need to strengthen local manufacturing and regulatory capacity.
- **Programmatic inefficiencies and coordination gaps:** Fragmented service delivery, poor data systems, and weak coordination among health stakeholders limit the ability to identify, track, and follow up with zero-dose and under-immunized children.
- **Political conflict, displacement, and insecurity:** In regions affected by armed conflict or political instability, immunization efforts are often disrupted or suspended, leaving large populations unreached.
- **Vaccine hesitancy and misinformation:** Distrust in vaccines, fueled by misinformation or cultural beliefs, contributes to low demand for immunization in some communities.
- **Geographic and socioeconomic inequities:** Children living in remote, informal, or underserved communities face greater barriers to accessing health services, including long travel distances, transportation costs, and lack of information.

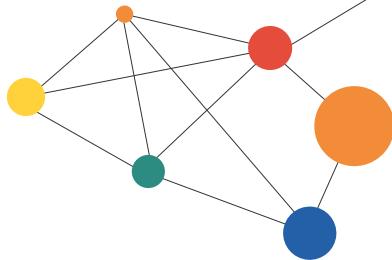
The current pace of progress is insufficient, particularly in high-impact and Gavi-transitioning countries that face growing financial responsibilities amid declining external support. In response to the aforementioned challenges, Africa has developed several regional policy frameworks to address persistent immunization challenges and advance equitable access to vaccines. Key among these is the Addis Declaration on Immunization (ADI), in which African Union (AU) Member States committed to achieving universal immunization coverage as a cornerstone of health and development. The ADI affirmed the urgency of immunization as a public health and development priority and set out ten commitments (Figure 1 below) to drive the agenda for improved immunization in the region and contribute to achieving global and regional health goals.

FIGURE 1. Ten commitments of the Addis Declaration on Immunization.

1	Keep universal access to immunization at the forefront of efforts to reduce child mortality	6	Monitor progress towards achieving the goals of the global and regional immunization plans
2	Increase and sustain domestic investments and funding allocations for immunization	7	Ensure polio legacy transition plans are in place.
3	Address the persistent barriers in vaccine and healthcare delivery systems, especially in the poorest, vulnerable and most marginalized communities	8	Develop a capacitated African research sector to enhance immunization implementation and uptake
4	Increase the effectiveness and efficiency of immunization delivery systems as an integrated part of strong and sustainable primary health care systems	9	Build broad political will for universal access to life-saving vaccines
5	Attain and maintain high quality surveillance for targeted vaccine preventable diseases	10	Promote and invest in regional capacity for the development and production of vaccines

Adapted from: World Health Organization Africa Region. Addis Declaration on Immunization. Accessed September 4, 2025.

[https://www.afro.who.int/health-topics/immunization/the-addis-declaration-immunization#:~:text=The%20Addis%20Declaration%20on%20Immunization%20\(ADI\)%20is%20a%20historic%20pledge,technical%20investments%20in%20immunization%20programs](https://www.afro.who.int/health-topics/immunization/the-addis-declaration-immunization#:~:text=The%20Addis%20Declaration%20on%20Immunization%20(ADI)%20is%20a%20historic%20pledge,technical%20investments%20in%20immunization%20programs)



Africa's commitment is reinforced by AU's Agenda 2063 and Africa Health Strategy (2016–2030) highlight immunization as critical drivers of health security and socioeconomic development. The New Public Health Order, championed by the Africa Centres for Disease Control and Prevention (CDC), emphasizes local vaccine manufacturing and resilient health systems. These frameworks collectively provide the political and strategic foundation needed to mobilize action, financing, and accountability toward achieving immunization goals across the continent.

Despite the challenges, the IA2030 and ADI targets remain achievable. Low- and middle-income countries have the opportunity to close these gaps by introducing new or underutilized vaccines, scaling up coverage for critical vaccines, and strategically directing available resources toward proven, high-impact interventions to reach zero-dose and under-immunized children. In response to ongoing challenges—and building on frameworks such as the ADI, IA2030, Africa CDC Strategic Plan 2023–2027, 36th (2023) and 38th (2025) AU Summit resolutions, and Lusaka Agenda—the Africa CDC, together with the AU Commission and partners, is developing a Continental Immunization Strategy to drive coordinated action. This strategy aims to drive collective action to strengthen immunization programs as an integral part of resilient, epidemic-ready, and domestically financed PHC systems. Additionally, it provides a structured approach to understanding the key opportunities and barriers shaping immunization efforts in the region, as well as the changes necessary to capitalize on the opportunities and overcome the barriers.

Rationale: Contextualize, Prioritize, and Accelerate Progress

The slow progress on immunization goals in Africa calls for a bold, urgent, and unifying advocacy agenda to address the challenges and reach the goals of the ADI and the IA2030. The need for a robust Africa Regional Advocacy Strategy on Immunization is more urgent than ever. This strategy emerges as a timely response to these challenges, aiming

to reinvigorate political will, mobilize domestic resources, and foster accountability for stronger immunization outcomes across the continent.

Anchored in global and continental frameworks, this strategy aligns with existing commitments while responding to evolving regional realities. To elevate the urgency to address barriers to progress and accelerate realization of ADI and IA2030 aspirations, PATH partnered with the AU, Africa CDC, WHO, UNICEF, Gavi, civil society organizations, and EPI leaders from 14 African countries to develop the **Africa Regional Advocacy Strategy on Immunization 2025–2030**.

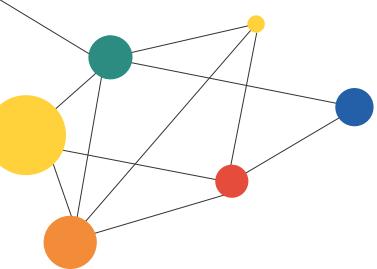
This effort emerged from a shared understanding that a cohesive and regionally coordinated advocacy strategy was essential to:

- **Address shared barriers** to reaching zero-dose and under-immunized children across African countries.
- **Align and harmonize advocacy efforts** among governments, civil society organizations, regional bodies, and global partners to amplify the urgency and increase advocacy impact.
- **Strengthen transparency of and accountability for commitments** across stakeholders at both national and regional levels.

By mobilizing stakeholders around a shared agenda and aligning advocacy with national and regional priorities, this strategy aims to drive impactful, scalable, and sustainable action—ensuring that no one is left behind in Africa's immunization journey.



The slow progress on immunization goals in Africa calls for a bold, urgent, and unifying advocacy agenda to address the challenges and reach the goals of the ADI and the IA2030.



Advocacy Goal and Objectives



ADVOCACY GOAL: By 2030, ensure strong regional and national leadership that accelerates progress toward immunization targets to reach zero-dose, under-immunized, and missed communities across Africa.

The challenges in reaching this goal and the respective objective for addressing each are as follows:

1. Inadequate political will

**OBJECTIVE
01**

Strengthen the political will of AU Member States to fully adopt, align with, and implement regional immunization commitments—specifically, ADI and national immunization strategies.



There is limited awareness, ownership, and adoption of regional immunization frameworks and commitments, such as the ADI, among critical stakeholders across AU Member States. Additional commitments, such as from the 36th and 38th AU Summits—which build momentum for routine immunization recovery in Africa and strengthen PHC systems to support equitable access to vaccines—often are not fully domesticated, integrated into national policies, or aligned with country-specific

contexts. This misalignment leads to weak policy implementation, inadequate tracking of progress, and insufficient accountability. Ultimately, the failure to fully implement these commitments undermines efforts to meet immunization targets and achieve equitable health outcomes across the continent. The political will extends to national immunization strategies, as well, which often are not popularized to attract investment to match country ambition regarding immunization.

2. Inadequate financing and investment in immunization programming

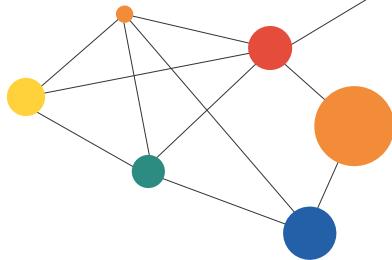
**OBJECTIVE
02**

Increase domestic investment within PHC systems to respond to current shifts in global health financing and strengthen health systems to deliver immunization programming to all.



There remains a persistent overreliance on external and donor funding to implement immunization programs across many African countries. Inadequate domestic resource allocation, particularly at national and subnational levels, has resulted

in critical implementation gaps. While existing donor funding may support vaccine procurement, essential programmatic components such as community engagement, health worker training, and outreach activities often are underfunded or



neglected. Additionally, the complexity and fragility of external funding mechanisms, as exposed during the COVID-19 pandemic and recent reductions in ODA, have led to disruptions in vaccine availability, including stockouts during emergencies, and have threatened the future of immunization programs in some contexts. Without predictable and sustainable domestic financing, immunization programs remain vulnerable to shocks and unable to achieve long-term impact. Only four countries self-funded over 90% of their immunization programs in 2022, while up to ten (30%) self-funded over 50% of their immunization programs in 2022. Countries that licensed and launched vaccines for high-burden diseases increased from 16% in 2016 to 26% in 2022. In a PATH-supported study in 2023, out of the ten sampled countries, none met the Abuja

threshold of 15% of general government health expenditure. The highest in this category was Malawi at approximately 10.0%, followed by Kenya at 7.5%. The lowest was South Sudan at below 2.5%. Between 2017 and 2019, the governments within this cluster funded an average of 25% of the vaccine costs. It was highest in 2022 (37%), and lowest in 2017 (16%). Malawi, Ethiopia, Comoros, and the Democratic Republic of the Congo had the lowest government contributions, while Senegal, Uganda, Kenya, and Nigeria had the highest relative government contributions. Generally, there was high dependence on donor funding (up to 63%) and out-of-pocket financing for health (up to 75%). Government funding accounted for about 25% of all immunization financing within this cluster—hence the high donor dependency.

3. Limited accountability for commitments made and resources invested

OBJECTIVE

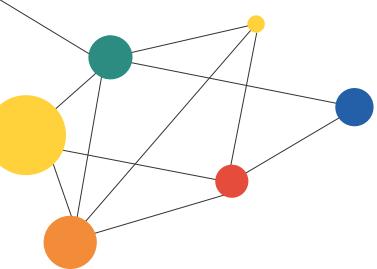
03

Strengthen accountability mechanisms for regional- and national-level immunization commitments and resources.



Although many AU Member States have endorsed regional frameworks aimed at advancing immunization, such as the ADI, the structures and mechanisms for accountability often are unclear. There is limited accountability at the heads-of-state level for commitments made regarding immunization and PHC, underpinned by lack of a clear and enforceable accountability mechanism. This lack of clarity undermines the translation of high-level commitments into actionable national policies and programs. Country-level decision-makers and implementers frequently lack understanding of how these commitments were formulated, how regional targets apply to their specific national contexts, and how progress is monitored or reported. Without

robust accountability systems, it is difficult to track implementation, ensure transparency, or use data effectively to inform policy and programming. In addition to policy-related commitments, there still exists a gap in accountability for financial commitments made through national budgets. This means the tracking of country-level commitments made through national immunization strategies is limited, which affects implementation, as well. PHC budgets are sometimes drawn in a way that blurs the exact allocations to immunization. Stronger accountability for resources is critical to ensure commitments are financed and resources are disbursed in a timely manner and utilized for greater impact at the last mile.



4. Misinformation, disinformation, and hesitancy related to both new and routine vaccines

OBJECTIVE

04

Build and strengthen coordinated, evidence-based communication and community engagement systems to foster public trust and demand for both new and routine vaccines.



A growing wave of misinformation, disinformation, and vaccine hesitancy is undermining both routine immunization and the introduction of new vaccines in Africa. This challenge threatens to erode decades of progress, weaken public trust, and stall efforts to protect populations from vaccine-preventable diseases. Recent vaccine introductions—including for human papillomavirus, COVID-19, malaria (RTS,S), and more recently, oral cholera and dengue vaccines—have faced resistance rooted in social media falsehoods, religious and cultural misconceptions, and politicized narratives. In some settings, false rumors about infertility, severe side effects, or hidden agendas have fueled community backlash, despite a complete lack of scientific evidence. Disinformation (i.e., deliberate attempts to mislead) has further amplified mistrust, often targeting rural, underserved, and fragile communities where access to credible health information is limited. The impact is magnified during emergencies

or novel vaccine rollouts, when gaps in timely, accurate communication are quickly filled with fear-driven narratives. Even health workers are not immune, with hesitancy affecting their ability to act as trusted messengers. Recognized by WHO as a top threat to global health, vaccine hesitancy directly contributes to stagnating coverage rates and the persistence of zero-dose children. Tackling it requires more than ad hoc campaigns—it demands sustained investment in social listening, evidence-based risk communication, and culturally grounded community engagement. Strengthening the capacity of health workers and local leaders to address concerns, harnessing digital platforms to counter falsehoods, and building resilient, trust-based communication systems are essential. Advocacy also must engage policymakers and media stakeholders to promote responsible information sharing, ensuring national immunization agendas are backed by public confidence and informed demand.

5. Overreliance on external suppliers

OBJECTIVE

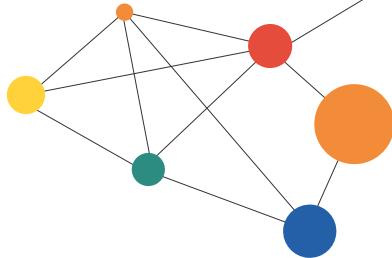
05

Advance Africa's vaccine manufacturing and regulatory agenda to ensure timely, affordable, and equitable access to vaccines.



According to Gavi's African Vaccine Manufacturing Accelerator, "demand for vaccines in Africa is valued at over US\$ 1 billion annually, with this figure projected to grow along with the continent's population over the next several decades. Africa already accounts for around 20% of the world's population, yet the continent's vaccine industry provides only around 0.1% of global supply. This

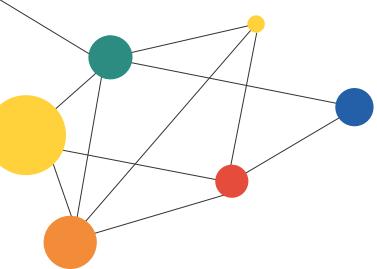
overreliance on external suppliers leads to delayed access during global supply shortages, higher procurement costs, and deepening inequities in immunization coverage. Limited regional manufacturing capacity, fragmented regulatory systems, and unpredictable demand undermine the continent's ability to secure timely, affordable, and equitable access to lifesaving health products.



A key enabler of Africa's vaccine self-reliance vision is the African Medicines Agency, which seeks to harmonize and strengthen regulatory systems to advance the continent's goal of producing 60% of its vaccines by 2040. While nascent, strong progress has been made toward agency operationalization, much remains to be done. When it comes to manufacturing, the African Vaccine Manufacturing

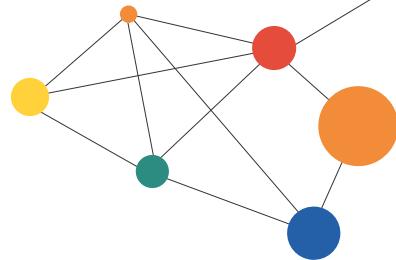
Landscape report highlights that, while Africa has 25 vaccine producers, the business case for local production remains fragile without coordinated regulatory reform and predictable demand. Without accelerated investment in local production, harmonized regulation, and market-shaping efforts, Africa's health security and its ability to achieve universal immunization coverage will remain at risk.

To translate these advocacy objectives into meaningful change, this Africa Regional Advocacy Strategy on Immunization 2025–2030 identifies a set of priority actions designed to address systemic barriers, leverage regional opportunities, and align with existing continental and global frameworks. These actions are intentionally focused, measurable, and adaptable to diverse country contexts, ensuring they can be implemented by governments, civil society, and partners in a coordinated and impactful way. The Monitoring and Evaluation Framework in the next section outlines each priority action alongside its expected outcomes and indicators, providing a clear roadmap for mobilizing political will, increasing sustainable domestic financing, strengthening accountability, and building public confidence in both new and routine vaccines.

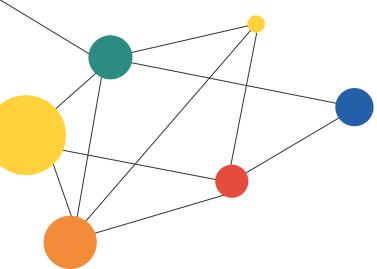


Monitoring and Evaluation Framework

Priorities Actions	Expected Outcome	Illustrative Indicators
OBJECTIVE 1: Strengthen the political will of AU Member States to fully adopt, align with, and implement regional immunization commitments—specifically, Addis Declaration on Immunization and national immunization strategies		
1.1. Advocate for immunization to be a standing item on the agenda of AU Summits: » Produce an immunization commitment tracker and annual reports	» Immunization is consistently elevated on AU Summit agendas and traced through clear commitments	» # of AU declarations/communiqués referencing immunization priorities/action
1.2. Cultivate high-level, visible regional immunization champions: » Identify, engage, and support influential leaders (e.g., heads of state, ministers, parliamentarians, and prominent public figures) as visible champions for immunization	» Increased visibility and engagement of high-level political and influential leaders as champions for immunization across Africa	» # of high-level champions actively engaged and publicly advocating for immunization » Documented policy or budgetary shifts influenced by champions
1.3. Package and test messages to communicate evidence-based priorities effectively: » Translate complex regional immunization frameworks into compelling advocacy messages for a unified regional call to action » Tailor communication for different audiences, ensuring alignment with national priorities and policy cycles	» Regional immunization commitments and goals are widely understood, clearly communicated, and aligned with national contexts	» # of advocacy toolkits/messages developed and disseminated » % of Member States reporting use of advocacy messages in national strategies » Evidence of message uptake by parliamentarians, CSOs, and media
1.4. Amplify regional voices and success stories: » Create opportunities for champions and advocates to showcase progress, share lessons, and reinforce commitments through regional and global platforms » Establish platforms that elevate African leadership and ownership in advancing immunization equity	» Stronger regional ownership and visibility of African leadership and champions in advancing immunization equity	» # of regional or global platforms/events featuring African immunization success stories » # of country-led case studies or innovations documented and shared » References to African success stories in AU/WHO/Gavi reports or resolutions



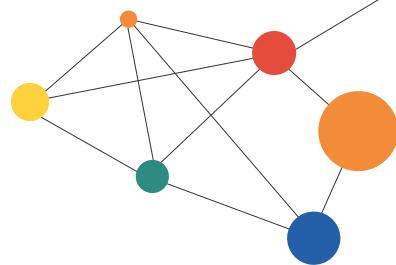
Priorities Actions	Expected Outcome	Illustrative Indicators
OBJECTIVE 2: Increase domestic investment within primary health care systems to respond to current shifts in global health financing and strengthen health systems to deliver immunization programming to all		
2.1. Promote innovative financing mechanisms in response to ODA shifts and meet co-financing obligations: <ul style="list-style-type: none"> » Build the capacity of TWGs to advocate for increased allocation » Identify and document innovative and context-specific approaches (e.g., ring-fenced budgets, sin taxes, results-based financing, public-private partnerships, local philanthropy) 	<ul style="list-style-type: none"> » Countries adopt context-specific innovative financing approaches to supplement declining ODA and strengthen sustainability of immunization programs » Established momentum and political buy-in for a sustainable, Africa-led regional immunization financing platform 	<ul style="list-style-type: none"> » # of TWGs trained in budget advocacy and innovative financing » Amount of additional domestic resources mobilized through innovative mechanisms
2.2. Strengthen African engagement in global immunization financing processes: <ul style="list-style-type: none"> » Coordinate and support African governments, CSOs, parliamentarians, and technical experts to engage meaningfully in global consultations and replenishments (Gavi, Global Fund, World Bank, International Development Association, Coalition for Epidemic Preparedness Innovations, International Finance Facility for Immunisation, etc.) » Develop unified African positions and advocacy asks that emphasize sustainability, equity, and domestic resource mobilization » Showcase African success stories and country-led solutions during global dialogues to influence donor and partner commitments 	<ul style="list-style-type: none"> » Stronger African representation and visibility in shaping global vaccine financing decisions » African priorities (equity, sustainable domestic financing, supply resilience, and local manufacturing) are consistently reflected in the outcomes of global immunization financing processes 	<ul style="list-style-type: none"> » # of African CSOs, parliamentarians, and technical experts engaging in global financing consultations » # of joint African position papers or advocacy statements submitted to global financing processes » # of African priorities referenced in replenishment outcome documents (e.g., Gavi, Global Fund, IDA) » Documented cases in which African advocacy influenced global funding commitments or policy shifts



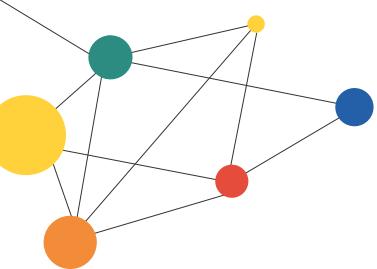
Priorities Actions	Expected Outcome	Illustrative Indicators
<p>2.3. Conduct targeted technical budget advocacy for immunization with critical decision-makers:</p> <ul style="list-style-type: none">» Develop country-specific immunization investment cases and cost-benefit analyses that clearly link vaccine coverage to health system performance, economic growth, and pandemic preparedness» Train CSOs, parliamentarians, and health officials in budget literacy and immunization financing tracking» Organize high-level technical briefings and closed-door meetings between advocates and budget decision-makers before key fiscal planning milestones (e.g., Medium-Term Expenditure Framework discussions, budget hearings)» Advocate for the inclusion of ring-fenced budget lines for immunization within national health budgets» Engage in pre- and post-budget dialogues to influence and monitor allocation and disbursement of funds for immunization	<ul style="list-style-type: none">» Strengthened political commitment and budgetary allocations for immunization exist at national and subnational levels.» Improved transparency, tracking, and advocacy for domestic immunization financing commitments	<ul style="list-style-type: none">» # of country-specific immunization investment cases developed and disseminated» # of policymakers and CSOs trained in budget literacy and immunization financing tracking» % increase in year-over-year government budget allocation to immunization

OBJECTIVE 3: Strengthen accountability mechanisms for regional- and national-level immunization commitments and resources

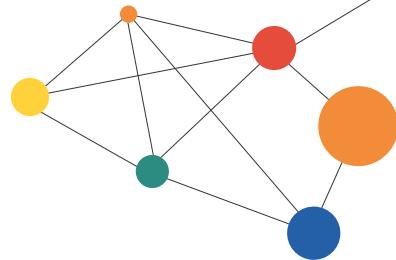
<p>3.1. Develop a commitment & accountability tracking tool:</p> <ul style="list-style-type: none">» Create a tool to track financing and policy commitments by national and regional actors» Disseminate and popularize the tool with decision-makers, immunization champions, TWGs, National and Regional Immunization Technical Advisory Groups, and CSOs/coalitions	<ul style="list-style-type: none">» Regional and national immunization commitments are systematically tracked, understood, and used by stakeholders to drive accountability.	<ul style="list-style-type: none">» Development and dissemination of commitment tracker, with at least X AU Member States citing it» # of policy/financing commitments documented annually» % of stakeholders (MOH, parliamentarians, CSOs) reporting use of the tool
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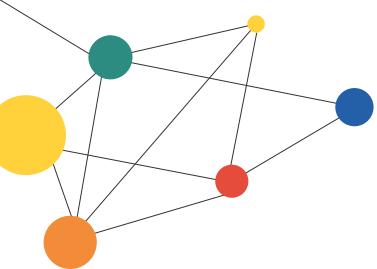
Priorities Actions	Expected Outcome	Illustrative Indicators
<p>3.2. Develop a dedicated immunization financing scorecard:</p> <ul style="list-style-type: none"> » Track domestic contributions, funding gaps, and co-financing performance » Use scorecards for performance reviews, tracking of allocations/disbursements, and documentation of learnings and best practices to inform policy and planning decisions 	<ul style="list-style-type: none"> » Transparent tracking of immunization financing that strengthens advocacy and resource mobilization at country and regional levels 	<ul style="list-style-type: none"> » Development and piloting of scorecard in X countries » # of countries regularly reporting domestic allocations and disbursements
<p>3.3. Create an online dashboard for visibility of policy and financing commitments</p>	<ul style="list-style-type: none"> » Commitment and financing data are publicly accessible, increasing transparency and visibility of progress and gaps 	<ul style="list-style-type: none"> » Launch of dashboard, with annual updates » # of stakeholders citing dashboard data in advocacy/policy discussions
<p>3.4. Conduct multi-stakeholder convenings on accountability:</p> <ul style="list-style-type: none"> » Integrate accountability discussions into AU Summits, Regional Economic Communities, Network of African Parliamentary Committees of Health (NEAPACOH), International Conference on Public Health in Africa (CPHIA), and the Africa Health Agenda International Conference (AHAIC) » Support AU and partners in developing position papers or side events focused on immunization financing in Africa to present at critical global convenings (e.g., World Health Assembly, Gavi Board meetings) 	<ul style="list-style-type: none"> » Accountability for immunization policy and financing is elevated in high-level regional and continental forums, reinforcing political commitment 	<ul style="list-style-type: none"> » # of convenings held annually with immunization accountability as an agenda item » # of AU/REC/ministerial declarations referencing accountability tools
<p>3.5. Establish media accountability platforms:</p> <ul style="list-style-type: none"> » Train journalists/influencers on immunization and financing » Build networks between champions and media » Use key moments (AU, CPHIA, budget cycles) to generate visibility 	<ul style="list-style-type: none"> » Media actively monitors and reports on immunization commitments, fostering public accountability and informed demand 	<ul style="list-style-type: none"> » # of journalists/influencers trained and engaged » # of media stories/editorials on immunization commitments annually » % increase in public/media references to accountability for immunization



Priorities Actions	Expected Outcome	Illustrative Indicators
OBJECTIVE 4: Build and strengthen coordinated, evidence-based communication and community engagement systems to foster public trust and demand for both new and routine vaccines		
4.1. Identify, engage, and sustain high-level regional immunization champions: <ul style="list-style-type: none">» Engage heads of state, ministers, parliamentarians, first ladies, AU envoys, public figures, and youth leaders to visibly advocate for immunization» Provide evidence, platforms, and support to amplify pro-immunization messages at national, regional, and global levels	» AU, Africa CDC, and RECs formally integrate vaccine confidence and misinformation countermeasures into resolutions, declarations, and strategic frameworks	» # of Member States with functional social listening systems » % of misinformation incidents addressed within defined timelines » Surveyed increase in public confidence in vaccines
4.2. Leverage regional and continental platforms for pro-vaccine narratives: <ul style="list-style-type: none">» Work with the AU, Africa CDC, and RECs to integrate vaccine confidence and misinformation countermeasures into resolutions» Use high-profile events (AU Summits, AHAIC, NEAPACOH) to showcase positive stories about and evidence of vaccine impact	» AU, Africa CDC, and RECs formally integrate vaccine confidence and misinformation countermeasures into resolutions, declarations, and strategic frameworks	» # of Member States with functional social listening systems » % of misinformation incidents addressed within defined timelines » Surveyed increase in public confidence in vaccines
4.3. Address misinformation, disinformation, and vaccine hesitancy for both new and routine vaccines: <ul style="list-style-type: none">» Advocate for AU, Africa CDC, and MOHs to invest in real-time social listening and risk communication» Strengthen culturally sensitive community engagement on routine and new vaccines» Showcase routine and new vaccine introduction success stories at national, regional, and global platforms	» Governments and regional bodies detect and respond quickly to emerging misinformation trends, leading to improved vaccine confidence and uptake » Increased vaccine confidence through trusted, culturally relevant messengers	» % of misinformation incidents addressed within defined timelines » Surveyed increase in public confidence in vaccines

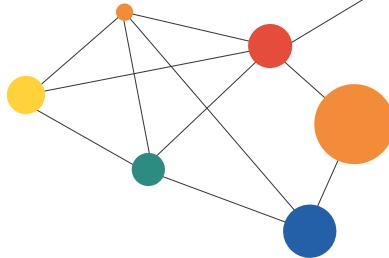


Priorities Actions	Expected Outcome	Illustrative Indicators
OBJECTIVE 5: Advance Africa's vaccine manufacturing and regulatory agenda to ensure timely, affordable, and equitable access to vaccines		
5.1. Secure political will for local vaccine manufacturing: » Position manufacturing as a priority at AU and national levels » Advocate for enabling policies, long-term investments, and cross-sector coordination	» Local vaccine manufacturing is elevated as a political and development priority at AU and national levels	» # of AU/REC declarations referencing local manufacturing
5.2. Mobilize sustainable financing: » Urge governments, private sector, and donors to invest in Africa-based initiatives (e.g., AVMA)	» Long-term, sustainable financing mechanisms are established to support Africa-based vaccine production	» # of financing commitments to Africa-based vaccine manufacturing » Amount of funding mobilized (USD) from public and private sources » # of countries accessing AVMA or similar facilities
5.3. Accelerate AMA operationalization and regulatory harmonization and create an enabling environment that boosts local vaccine and health product manufacturing in Africa » Build capacity of key decision-makers on AMA treaty provisions and benefits » Organize orientation sessions for parliamentarians, MOHs, and ministries of foreign affairs » Promote harmonization across national frameworks	» The AMA has fully operational and harmonized regulatory frameworks that enable efficient, safe, and high-quality vaccine manufacturing in Africa	» # of countries adopting harmonized regulatory standards under the AMA



Conclusion – A Call to Action

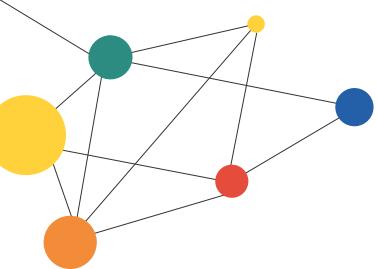
This Africa Regional Advocacy Strategy on Immunization 2025–2030 is both a call to action and a roadmap for impact. Achieving its vision will require a shared effort across governments, civil society, regional bodies, development partners, the private sector, and communities themselves. No single actor can close the immunization gap alone; only by working together can we build the political will for, mobilize sustainable financing for, strengthen accountability for, and ensure timely access to lifesaving vaccines. We invite you to join us in this effort, to galvanize support, take ownership, and amplify Africa’s voice so that together we can protect every child, strengthen our health systems, and secure a healthier future for generations to come.



Annex A

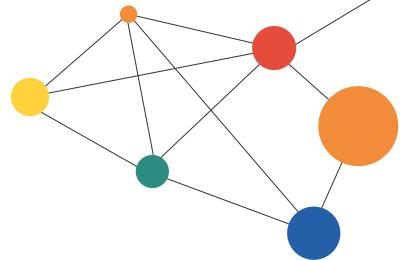
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